



**BOARD OF ZONING APPEALS
WILLIAMSBURG PLANNING DEPARTMENT
401 LAFAYETTE STREET
WILLIAMSBURG, VIRGINIA 23185-3617
(757) 220-6130 FAX (757) 220-6109**

BZA # _____
DATE: _____

OWNER: _____ APPLICANT/ _____
REPRESENTATIVE

ADDRESS: _____ ADDRESS: _____

PHONE/FAX NO.: _____ PHONE/FAX NO.: _____

LOCATION OF THE REQUEST: _____

THE FOLLOWING REQUEST IS MADE TO THE BOARD OF ZONING APPEALS FOR:

AN APPEAL FOR AN INTERPRETATION OF THE ZONING ORDINANCE, ZONING MAP, OR AN
APPEAL OF AN ADMINISTRATIVE DECISION.

[] A VARIANCE RELATING TO _____

A SPECIAL EXCEPTION FOR _____

I/We, respectfully request that a determination be made by the Board of Zoning Appeals for the above information
which is true to the best of my/our knowledge and belief.

Signature of Owner(s)

Date

Sworn before me this _____ day of _____, _____.

Notary

My Commission Expires

FOR OFFICE USE ONLY

TAX MAP NUMBER: _____ ZONING: _____

DATE OF PUBLIC HEARING: _____ NOTICES MAILED ON: _____

SEE ATTACHED SHEET FOR PERSONS NOTIFIED.

DECISION:

THE DECISION OF THE BOARD OF ZONING APPEALS
MAY BE APPEALED TO THE CIRCUIT COURT WITHIN
30 DAYS AFTER FILING OF THE DECISION IN THE
OFFICE OF THE BOARD.

ZONING ADMINISTRATOR

DATE FILED